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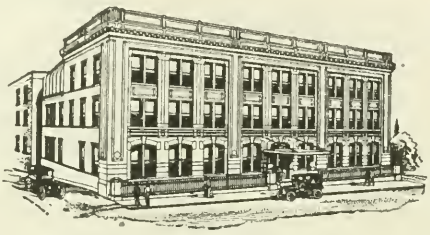

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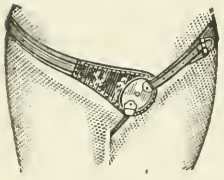

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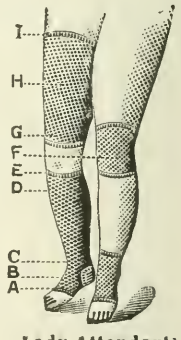

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MARYLAND
MEDICAL JOURNAL

A Journal of Medicine and Surgery

Vol. LVII, No. 11 BALTIMORE, NOVEMBER, 1911

EFFICIENCY AND THE QUALITY OF LIFE.*

By Clement A. Penrose, M.D.

Gentlemen, Mr. President:

I appreciate very much the invitation from The Baltimore County Medical Association to address them this afternoon and hope most sincerely that my paper will interest them.

For many generations a just criticism of the scientific type of mind has been its tendency to dabble too much with detail and shun a more philosophic consideration of the natural or unnatural conditions which promote or retard the growth of an individual or race.

I have purposely selected a subject which in a narrow sense is not strictly speaking a medical one. From a broad standpoint, however, it must greatly concern the physicians of the future on whose labor, instruction and influence, the fate of many life problems must necessarily depend.

I ask the pardon of those who will object to the rather pessimistic point of view taken, and justify myself merely by the statement that no life progress is possible in a community where everyone is satisfied with the conditions around them. I certainly am not and for this reason have repeated, by way of emphasis, two or three statements made in a former paper believing honestly that they are suggestions which have proved of some value to a few people.

A biologist once said that the human race owed its very origin to a discontent. Certain monkeys, tired of climbing trees, determined to walk erect. He was speaking in jest, but his words contained a fundamental truth, which has been exemplified throughout all ages.

I have selected as the title of my paper "Efficiency and the Quality of Life," firmly believing that the first attribute is dependent almost entirely on the second.

Dr. Johnson (Irene, Act 3, scene 6) cautions us to,

> "Reflect that life like every blessing
> Derives its value from its use alone."

*Read before the Baltimore County Medical Association, March 18, 1911.

The great scientist, Sir Oliver Lodge, said truly "That science does not take into account sufficiently the general beauty of things." Natural selection may explain satisfactorily the varying colors of insects and birds, etc., but what about our landscapes, the mountains and valleys with a background of beautiful clouds, the sunset at sea, what is their meaning, what do they stand for, what is their purpose?

Medical men have studied for centuries the various phenomena of life in its many phases, but have too long neglected the problem of life quality, its protection and propagation, its beauty and the force of its example. Modern eugenics is a vain protest against existing conditions, in which we hope by careful selection to improme our race material. A crusade for wiser marriages, however, is not nearly as important as the education of parents in the principles of mental Hygiene. It is also true that we may have the best of materials, yet create nothing owing to faulty methods of building. We are probably marring (as the bill posters do the landscapes,) our race quality and general efficiency by these signs of the times, the many isms, the hysterical cults and rattle-brain theories of our present day, the result of improper training.

We must, therefore, first protect ourselves, as much as possible, from all these wild leaps in the dark, from all pernicious foreign influences and foolish panaceas and then determine how we can preserve and develop in our children those qualities which are best for the race. It is only through posterity that we can hope to offset the bad traits we have ourselves acquired, and which we are too prone to excuse by the adoption of some fallacious idea in the effort of self-justification. Self, that is the keynote to the present situation, it is the moving spirit in practically every modern movement of any importance. I doubt if ever in the world's history the civilized nations have had a greater need of more unselfish living and teaching, of greater patriotism and love of country and home, than at the present time.

Modern civilization has concerned itself too much with present conditions in its attempted cure of all social evils, by education and various forms of philanthropy, and has considered too little posterity and the great responsibility of race regeneration and preservation which comes to us with every intellectual stride forward more and more clearly as the unselfish mission of advanced culture.

We have in life insurance and in bequests to charitable enterprises, etc., undoubted signs of our awakening to this impulse, which the love of our children, our friends and country has first inaugurated.

There is, however, a broader, more humanitarian outlook, braver than any other, because so unselfish, which is the pride in race and which considers above all the quality of human life, rather than the conditions of living.

The expression of this is exemplified in the courage of the

mother, who sends her sons to the war, the father, who [illegible] his home, and the fate of the many heroes, who so [illegible] up their lives in the recent tragic disasters on land and sea.

It remains for us as exponents of the best schools of science, art and literature, as those who have had the good fortune to grow up under the most modern and beneficial influences to endeavor to find out and then teach our brothers how this Race quality can best be utilized, augmented and handed down to the advantage of posterity and not wasted.

The very qualities which make a man or woman desirable to a community are often unfortunately those which help to cut short his or her life and keeps him from giving to posterity that which would be most desirable. Wars too often kill off the flower of a country, epidemics are prone to select the unselfish and neighborly.

Our boasted civilization will come to naught, and our philanthropic enterprises in every direction will be futile, if we in the interest of improving the conditon of life neglect improving the quality of life. This is the great responsibility which rests heavily upon our shoulders to-day. Unfortunately there is no evidence, according to the eminent English authority, Dr. Havelock Ellis that the human race has improved much in quality in the last one hundred years, in fact rather otherwise. In his book, "The Problem of Race Regeneration" (Moffat Yard & Co.) he demonstrates that wild philanthropies, often by making people too dependent and by preventing their elimination, which a struggle for existence would necessitate, are actually decreasing the average of human efficiency and lowering the quality of human life. He shows that our increasing population of feeble-minded and inefficient is today the great menace of race regeneration. As he puts it, we must concern ourselves less with the "unemployed than the unemployable," the real danger. In the United States today there is about one mental defective to every 184 normal individuals.

When the quality of human life is lowered in a race how are we able to lift it up to a higher plane? In but one way, the elimination of the unfit as far as posterity is concerned by a number of different methods. By unfit I mean both mentally and physically unfit.

Biology has taught us three great facts regarding life.

1. That the offspring can inherit equally from both parents, but that the nutrition of the growing life is dependent solely on the mother.

2. That congenital characteristics are easily inherited, whereas acquired are possibly so, but not as a rule. For instance a defective child could receive the most careful modern nursing and education, and all the assistance which money could give it throughout its life and yet produce little better progeny than one who was more or less neglected. In spite of all efforts we can do little to better the quality of his life.

3. We know from biology the great law of the survival of the fittest, through the power of natural selection. Should the earth, as an example, gradually cool, in the course of a few years those people who could best stand the cold would survive and this quality would be handed down to their children.

The earnest contemplation of these three great laws would, I think, give us sufficient argument against some modern tendencies if nothing else were considered.

If a child can inherit half its qualities from its mother and is dependant while an embryo and infant for all of its nourishment from her body, how important is it that the mother preserve the mental make up and physical qualities which make of her a good mother.

Otto Weininger says truly in his book on sex and character "That the external characteristics of an individual do not alone determine his or her sex." Some men are more feminine than certain women, some women more masculine than certain men. No matter how we may try to educate or change them they will preserve those characteristics and greatly influence the succeeding generations.

By degrees our civilization, which shows so clearly a lessening of human efficiency, is allowing women with a highly developed masculinity to compete with the poorer types of men in many fields of labor. How very glad are these men to have the women work, vote and support them. An inefficient type of man is generally married by the masculine woman for the reason that she can afford to marry and will probably have better chances than a more womanly type with such a man. History, undoubtedly proves masculine women almost always are attracted to the weaker and effeminate types of men, as for instance Sappho, Rosa Bonheur and George Sand, etc., etc., who are usually not attractive themselves to manly men.

As the efficiency of the men decreases the masculine type of women will gain the ascendancy. She will earnestly put through a number of ill-advised and poorly thought out movements, along philanthropic lines, on a par with Christian Science, Dowiesm, Anti-Vivisection League, etc., etc., supported chiefly by women's influence. She will marry the man of her choice and give to posterity an inferior order of human being, *i. e.*, women too masculine to bear children safely, nourish or rear them properly, and men without the masculine qualities necessary for the regeneration of a race which is only possible when sprung from a normal parentage on both sides.

W. L. George in an article (Atlantic Monthly, December 1913) written in defense of the feminist cult, goes so far as to state that "there is no sex and that there should not be any sex distinction." Professor William T. Sedgwick (New York Times, December 14, 1913) has in answer to this remarkable doctrine shown that fortunately this statement would apply only to a minority class and that women and men differ greatly, even in

their embryonic life, and are absolutely suited only for certain occupations. W. H. Mallock in his lecture on Socialism (Public Lecture Bureau of the National Civic Federation, February, 1907) shows pretty clearly the fallacy of the equality of man without ever considering him in contrast to woman.

Should present day conditions continue, however, one can predict very well what will hapen in the future. The real womanly type of woman, God bless her, will become as rare as the masculine type of man.

When the men of a race are lowered in their efficiency as aggressive fighting men the death knell of such a people has already been sounded. This happened long ago to Egypt, Rome and Greece, etc. The true cause of their downfall was a decline in the quality of their men, hunt as we may for other reasons.

Every American should read Homer Lea's wonderful military book, "The Valor of Ignorance," which shows only too well the menace now to this country from military inefficiency. The advocates of disarmament and abolition of the military strength of the United States should consider carefully recent statistics before presenting their theories to the ignorant public.

In our Spanish-American War fourteen men died from preventable diseases to one killed on the field of battle. In the Japanese-Russian War one man died of preventable disease to four killed in battle. In other words, they were fifty-six times as efficient as we were in avoiding death from preventable diseases. In regard to illness not resulting in death we sent 170,000 men to the Spanish-American War, 150,000 of whom became incapacitated for some time in some way or other. Japan sent 1,500,000 to their war, of whom less than 20,000 were incapacitated. In other words, 90 per cent. of our men and only one-tenth of 1 per cent. of the Japanese reported to the field hospitals for preventable illness.

A Japanese office, when asked what they did to deserters from their army, said he did not know, as no one had ever deserted. In one year about 600 men in our army deserted to every 10,000, and these all enlist voluntarily. Enlistment in Japan is compulsory.

From this it can readily be seen that more loss of life results many times over from military inefficiency than the actual loss in battle, and the same can be said of inefficiency in every department of life, the sacrificed usually being of the best element in the nation.

Before many decades the Teutonic races will need all of their courage and stamina to hold their ground. May the Almighty help them in their regeneration, for the outlook is very bad. Stewart Chamberlain in his wonderful work, "Foundations of the Nineteenth Century," shows how important these people are in the world's civilization, what they stand for, what they have done in the past.

More than ever we have need of fighing men in every department of life, and women of the right sort to influence them to

do what is right and not, in an ineffectual way, do the work for them; women who from the cradle to the grave will be the inspiration to mighty effort, and *who* are worth fighting for.

It is time that we got back to the true home as an ideal standard of living. Where the manly father is an example to the stalwart sons, and the womanly mother is an example to her gifted daughters. Where each member of the family has his respective duty well outlined and does it cheerfully and thoroughly. This would mean simpler living and less complex thinking, the only salvation, in my opinion, to the people of these United States.

Every man or woman carries in his or her mind, perhaps subconsciously, the image of an ideal home. This is usually small and cozy, on a green meadow with honeysuckle vines, tall trees and the fragrant aromas from many delightful sources in one's nostrils. The call of a primative ancestry will not be denied and cannot be entirely obliterated by the intricate mental process of every-day life. Although we must agree with the Hindoo philosopher, Rabindranath Tagore, that a world without evil and pain is inconceivable, nevertheless a home like the above, in which has been created an atmosphere of love and mutual respect, comes pretty close, after all, to being an earthly Paradise. A home like this would defy even the mechanisms of a wily politician, while the men of the family are away toiling for the loved ones. Discord could hardly be sown in such an environment.

But what about the squalid homes of our large cities today, where poverty, ignorance and discontent go hand in hand. Will families long remain united when the votes and favors of wives and daughters can be bartered for, where material gain or preferment of some kind would be the price?

The Feminist movement will obviously effect two fundamental elements necessary to the regeneration of the Human Race—

The quality of life and—

The Home.

It is, like so many schemes which arise daily in our midst, the result of a wave of mental unrest ever spreading over the civilized countries, and produced by the complexity of modern life. Where we once had one standard we have a dozen; one friend yesterday, now a thousand (so called); where we knew our own town formerly, we now know many countries. We seek all sensations and worship every idol. The ever-burdened brain turns anxiously from one thing to another in the effort to understand and explain its own condition, the explanation often resulting in the adoption of some cult which the poor mind-weary individual believes is the panacea for all the troubles of the world. Like that Christian whom the wise Hindoo said "was a man who tried to make everyone else do what he never did," he will always try to show the other fellow what really is his duty. We can only make life simpler by living more simply and save posterity by bringing up our children to be better men and women.

You may say that this is all very well in theory, but where is

the practical remedy for the present time. We all know that simple living is desirable, but how can we live simply in these stirring, restless times, in this age of strenuous competition? Simple living is really possible anywhere and is to a great extent subjective. A person often may obscure and unknown leads a more complex mental life than the ruler of a great kingdom, by unnecessary attention to detail and the endeavor to remember too much. What we should forget is as important as what we should remember, as the mind, according to a great statesman, is only capable of assimulating a certain number of facts, which should therefore be well selected.

Whether we can bring about any radical changes in this generation is very questionable. We can, however, certainly help our children by a better system of education, by bringing them up with more veneration and respect for their elders and a greater pride in race and love of country.

With the President of the United States depicted as a pig in Puck or Judge, with our dearest illusions often made the subject of ridicule by yellow-journalism, etc., what wonder that the children should grow up with very few standards or ideals so necessary in life to keep it above the commonplace.

Personally I question the advisability of too plain talks on sex and sexual questions with very young persons and have seen literature on such subjects by ignorant authors which could only do a great deal of harm.

Zangwell, the playwright, in a recent popular play speaks of the United States as the "Melting Pot" for all nations, where different races are thrown into the caldron, melted down and purified.

Poetic, but not exact, we are in reality the dumping ground for the world's outcasts, mental and physical defectives, the recipient of many vices, diseases, and inefficient people from all corners of the globe, who are helped no doubt by mixing with a little good Teutonic blood, but with a very detrimental effect on this race as far as posterity is concerned.

Since 1904 over 2,002,740 emigrants have come into New York State, to which have been added by birth about 1,400,000. T. W. Salmon, in his report to the New York Legislature, February 14, 1912, said that 33,311 insane patients were committed to the state institutions, 8,000 of which were alien. In other words 25 per cent. were of foreign origin. These figures did not include mental defectives, such as the feeble minded, idiots or imbiciles. Following his report certain radical changes in the laws, governing the admission of such emigrants, were suggested by the State Board of Alienists. In San Francisco, acording to Dr. M. W. Glover (The Journal of the A. M. A. June 15, 1912), 1,677 aliens from the Orient, out of 2,255 admitted from September 23, 1910, to November 30, 1911, showed the ova of that most dreaded parasite, the Hook Worm (in their stools) a most appalling percentage, which were fortunately excluded by the vigilance of our

Public Health and Marine Hospital Service. A special Committee, February 13, 1912, reported to the Society for the Prevention of Cruelty to Children, that there are in New York close to 7,000 feeble minded children in the *schools,* and about 10,000 altogether, 30 per cent. of which are the progeny of aliens or naturalized citizens.

A few years ago statistics showed that to every million of population Germany had less than five murders, England less than nine, and the United States one hundred and eighteen. More murders are committed in this country, according to Judge DeCourcey of Massachusetts, than in any ten other civilized countries, including Russia. There were 900 more murders in 1911 than the year before, and only 86 executions. A murderer has three chances to one against being brought to trial, ten chances to one of ever being put into the penitentiary, and eighty chances to one that he will escape the death penalty. Will poorly trained women on our juries complicate or help out this situation?

Dr. Hoffman, the actuary of the Prudential Life Insurance Co., said that in 1911 the small cities of the United States, with a population under 250,000, for the first time in the history of the country showed a higher suicide rate than the cities with a greater population and this increase has been about one-half in the past decade. We averaged in our small cities in the year 1911, 198 suicides per million inhabitants, and in the large cities 195. We averaged about 15,000 suicides in the United States last year. According to foreign statistics about three men commit suicide to one woman, but a much larger proportion of women take their lives on account of unsoundness of mind, almost twice as many as the men from this cause, showing a greater nerve weakness under strain, etc. Suicide increases absolutely in proportion to the progress and complexity of civilization and with insanity is rapidly growing in our cities, both large and small. There is a great falling off of both these conditions when we compare statistics from the farms and the rural districts with those of the cities.

Well known authorities agree that the three main factors giving rise to our unfortunate prominence in these matters are, first, the reception of so many alien defectives into the country; second, the crowding together of our men and women in the cities; third, the poor bringing up our little children are receiving in their homes. We certainly need better fathers and mothers, who will not leave the teaching of their children so much to the schools, a training which, Miss E. E. Lynch recently has shown, is such a bad one. Miss Lynch says that our public school's sole trend is towards but one point, admission to the high school without regard to individual needs or fitness. As only seven out of one hundred ever get to the high school the training of the other ninety-three is absolutely inadequate and the children are thrown back on their homes for education, or must go to work, or run wild on the streets. The training of the high school tends

towards the college and yet only five of the seven go to college. Doctor Frank Crane is right when he says everyone should be taught a trade.

What is the result? Whether we consider the social evil, the high cost of living, low wages, infant mortality, suffrage etc., the root of all these questions goes right back to one tremendous inefficiency. The inefficient girl cannot run her home properly, please her husband or care for her baby, and the inefficient boy who has grown up without a trade, intolerant of all discipline will only work when he feels like it for a salary never as much as he is worth.

So much that is good in our country has been corrupted by vicious foreign influences that it is surprising that we do not have stricter immigration laws. If we could prevent some of our best women from contracting so many foreign marriages it might also help. The idea of doubling the number of this illiterate and mentally unfit vote is most repugnant to the investigator along these lines. That such mothers should yearly add to our already heavy burden is intolerable.

The women hold that they will purify politics, but what will politics do for them? Does it improve the men? Will they be proof against its contamination? Alas! I fear not, when one sees the effect that it has *already* had upon them. Sir Almroth Wright, the distinguished British biologist, says truly, "That a sure sign of advanced civilization is the observance of those unwritten laws which every man, and little boy knows, namely that it is wrong to leave another fellow in the lurch, to fight one smaller than one's self or to strike a woman."

The militant suffragist when she resorts to violence against a policeman or public man, etc., is immoral, because although not perhaps always breaking a statutory law, she is unquestionably breaking an unwritten and unassailable commandment of advanced civilization, which we become aware of the moment we see it violated.

In the civilized world there has existed, as it were, a truce between man and woman based on the solemn covenant that within the confines of civilization (outside the rule lapses) the weapons of physical force may not be applied by man against a woman, nor by woman against man.

Under this covenant the half of the human race, which most needs protection, is raised up above the waves of violence. It is this covenant, so faithfully kept by man, that the militant suffragist violates.

A prominent Suffragist, from New York, said "that while she deplored bloodshed she thought it a good advertisement for the cause." Social degeneracy of this nature can hardly be called a good advertisement of any cause, it has not benefitted anarchy and it will never help Woman Suffrage. Justice Coleridge, although rather favorable to women voting, recognized the immorality in such acts of violence when he sentenced Mrs. Emme-

line Pankhurst and Mrs. Pethrick Lawrence at the Old Baily to nine months in jail and to pay the heavy costs.

"Does the woman who is poisoned by her misplaced self-esteem, and who flies out at every man who does not pay homage to her intellect, do anything really worth-while for the quality of her race? She is affronted if the man tells her that the glory of woman for him lies in her powers of attraction, her motherhood and unswerving allegiance to the ethics of her sex. In the wake of these imbittered women come troops of girls, mere children, who are given ideas about their moral, intellectual, and financial values such as men never conceived. Their life program is to have their husbands support them, to that end giving up their time and freedom for many hours in the day, but they themselves must not be asked to give up any of their liberty or subordinate themselves at all to their interests." A happy outlook for marital bliss in the future if such advice and teaching, so prevalent today in colleges for girls, be accepted.

Never in the world before has woman had such an opportunity to show her quality and unselfishness. Let her give up her ambition and forget her private grievances and refuse to accept the ballot, which only twenty per cent. of her sex want and eighty per cent. are indifferent about or actually oppose. Let her be careful lest, like Lucifer, her pride leads to her down-fall.

The Suffragist will tell you that women for centuries have led a life of bondage with suppression of their best possibilities and are *still* so hampered that they cannot develop. In a second breath she will say, that if she is allowed to work side by side with man she will lift him up to the high moral plane which women enjoy and not descend to his poor level.

Fallacy after fallacy. First that this continued oppression should have, contrary to the history of nations, produced such a noble creature, and *second* that a woman inheriting, as I have shown, qualities from both parents equally, should perform the same duties as a man, with even less physical resistance, and still not fall to the common level or below it.

The real truth is that in civilized races woman has been made what she is by the reverence of man for her. He has fixed her position in the home and in his heart, and given her a standard up to which she must live if we are to preserve any ideals at all in this too material world. Can a woman reform a man by marrying him? Can she uplift a man by doing his work, by undue intimacy with him, by drinking, smoking and swearing with him? The answer is too apparent to be discussed. I have been told by men prominent in affairs that in various states the women have resorted to a most corrupt form of lobbying, even threatening public men who have been unkind enough to disagree with them. Instances of this sort of thing we have had right here in Maryland. A foeman worthy of his steel is what any brave man desires. It is unfortunately otherwise with the feminine gender in politics, who usually resent any decided opposition.

The excessive abuse of State's rights is the cause of more corrupt politics and unfair legislation than any other factor in our government. The crimes of individuals stand in an inverse ratio to the power of a state to enforce its laws.

When one sees what a military government has done for Cuba, the Philippines, Panama, etc., in a short time, I am not sure but what we would be purer politically if we had a more military form of government. We would certainly be better hygienically.

I believe emphatically in obligatory military training for every able-bodied man in the community, military schools and the boy scout idea, from the standpoint of discipline and physical culture, as well as the patriotism it would engender, but for Americans only. Our latest folly is the training of foreign soldiers in our military schools and exposing the weakness of our equipment in this direction to the world's gaze, while we are teaching them how best to overcome us.

What we need are better men in civic life and better women in the homes, and better fathers and mothers. I cannot see anything else, but the lowering of the efficiency of the race if women do men's work or men, women's work. Men's duties and women's should be complimentary in the social scheme, like parts of a machine they run along together better if each is doing its own work well. If there is lack of harmony in the daily routine of life, the fundamental unit of civilization, The Home is utterly disrupted. The actual physical labor done by each is less important.

Our masses need more natural recreation, like the peasants of Europe, games, dances and various forms of outdoor pastimes, only possible when the conditions are as cited above.

I have recommended a very good plan to many families under my care which is to spend a part of every Sunday in the woods, a long walk, with a simple luncheon in some picturesque spot, for the whole family. I believe today that the Childrens' Playground Associations, thanks to the women, are meeting one of the greatest needs in the community.

The ever growing tendancy for the people to move out into the suburbs shows an unconscious revolt against the crowding together in the large cities, and owing to the distances from places of employment necessitates more than ever the importance of the mother keeping close to the home. A greater feeling of independence and freedom from petty cares is developed in a rural residence which more or less dissociates one from the strain and turmoil of the working world when our day's work is done and when we most need complete relaxation. Cowper was right when he said—

> "God made the country and man made the town
> What wonder then that health and virtue, gifts
> That can alone make sweet the bitter draught
> That life holds out to all, should most abound
> And least be threatened in the fields and groves."

GENERAL PARALYSIS AS A PUBLIC HEALTH PROBLEM.

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THE object of this paper is simply to state the problem of general paralysis in the language of preventive medicine. We have to consider a disease so formidable that the mortality rate practically coincides with the morbidity rate. Let us attempt to answer some of the questions which we would ask if we were examining any other important cause of death from a public-health viewpoint. What is the incidence of the disease? Do the mortality reports accurately show its prevalence? If not, in what mortality groups shall we be most likely to find it reported? What is there of practical sanitary interest in the age, sex, race, occupation and environment of the victims of the disease? By what means may it be controlled?

The nation is the field in which an inquiry should be undertaken to answer these questions, but unfortunately there are two great obstacles to such a wide study. One is the fact that little more than 60 per cent. of the people in the United States are born and die in what is termed the "registration area"—that portion of the country in which satisfactory records of the causes of death are made. The other obstacle is the fact that the status of psychiatry in different parts of this country varies so greatly that the clinical reports of hospitals for the insane cannot be satisfactorily compared. It is necessary, therefore, to choose a narrower field and to sacrifice completeness for accuracy. New York State has an efficient law for the registration of births and deaths, and the insane are treated in hospitals making use of uniform methods of collecting scientific data. Moreover, statistical studies of the work of the hospitals are conducted, under a carefully-devised general plan, by a competent medical statistician associated with the central supervising board. If our inquiry is made in New York, therefore, we shall be able to place much more confidence in its results than if we undertook to make it a larger territory.

As general paralysis is practically a uniformly fatal disease, we may read the record of its incidence in the mortality rates. We find that in the year ending December 31, 1913, the New York State Department of Health reported 591 deaths from this disease. The fiscal year of the New York State hospitals ends September 30. In the year ending on this date in 1913, 638 cases of general paralysis died. The discrepancy is due to the fact that a considerable number of deaths in general paralysis are assigned to other causes. Of the 638 deaths in this disease which occurred last year in the New York State hospitals, only 487, or

77 per cent., were assigned to general paralysis. The others were assigned to a variety of other causes. In about 1 per cent. of the paretics who died the causes given are definitely associated with the lesions of the disease itself. Such causes are cerebral hemorrhage, meningitis and syphilis. There can be no question of the impropriety of ascribing deaths in general paralysis to these causes. It would be as logical to give "peritonitis" as a cause of death in cases of typhoid fever in which perforation occurs, or to give "hemorrhage" as a cause of death in pulmonary tuberculosis. About 10 per cent. of deaths in general paralysis in New York State hospitals were assigned to causes which are really terminal conditions in the disease or accidents dependent upon its existence. Among these may be mentioned decubitus, purulent infections, septicemia, broncho-pneumonia and edema of the lungs. There may be some doubt as to whether it is proper to give these as primary causes of death in a disease like general paralysis, in which the pathological process is well understood and the relation of the lesions in the brain to the general bodily disintegration is definitely known. We do not give such causes in deaths from cancer, and there seems no special reason for doing so in general paralysis. Personally, I think that it is most undesirable to term such conditions primary causes of death. They are distinctly secondary causes, and this fact should be indicated in death certificates.

In about 6 per cent. of all deaths in general paralysis in the series under consideration the causes assigned bear little relation to the disease itself. Among such causes may be mentioned tuberculosis, typhoid fever, cancer, hernia and organic diseases of the heart and of the kidneys.

So in our State hospitals, where very few cases of general paralysis die without a diagnosis of the disease being made, general paralysis is given as the cause in only 77 per cent. of deaths. If this is true of deaths from this disease in the community at large, 768 deaths must have occurred in the State of New York from recognized general paralysis during the year ending December 31, 1913, instead of 591, as reported. But it is undoubtedly true that a very much larger proportion of deaths in this disease occurring in the community are reported under some complicating physical condition, even though the existence of general paralysis is recognized, than in institutions where the disease itself is so well understood.

It is a strong statement to make, but I believe that general paralysis is practically unrecognized outside of institutions for the insane, and that the small excess in the number of deaths in recognized general paralysis reported in the State at large over those reported in instituions for the insane can be accounted for almost wholly by deaths among patients with general paralysis who have been discharged. Few persons, even those engaged in institution work, realize how many cases of general paralysis

are discharged from our public institutions and are never readmitted. During 1911, 1912 and 1913, practically one-fifth of the men and one-fourth of the women who were admitted with general paralysis were discharged, and of this number less than one-half were ever subsequently readmitted. The other half died in the homes, and, as the diagnosis was usually made known by the hospital authorities to the friends and relatives as well as to the family physicians, I believe it is among these persons, almost exclusively, that the deaths from recognized general paralysis in the community are reported.

Thus far we have made little progress in determining the total death rate from general paralysis. We must examine other mortality groups for information as to the number of deaths from general paralysis in the community. Under what conditions shall we be most likely to find them reported? Obviously, a large number will be found reported under the names of those diseases which really constitute terminal conditions in general paralysis. I am afraid that those reported in these groups are so deeply hidden that it is impossible to devise a practical means of inquiry which will disclose them. There must be many cases of general paralysis dying at home, however, in which the mental and nervous symptoms are too prominent to be ignored in death certificates. Some causes reported which might arouse suspicion that general paralysis is the real disease are "softening of the brain" (150 deaths) and "paralysis without specified cause" (716 deaths). We know the age period in which general paralysis is most frequent, and I think it would be entirely feasible to ascertain from the State Health Department the names and residences of persons dying within this age-period from the two causes mentioned, and then to obtain from the physicians who signed the death certificates information as to whether mental symptoms had existed before death and as to the duration of the disease. Such an inquiry would give us valuable clues regarding the frequency of unrecognized general paralysis. Dealing as we are with a disease every case of which must ultimately come to the attention of public-health officials through a death certificate, the mortality lists afford the most promising field of study.

Another means by which it might be thought we can estimate the incidence of unrecognized general paralysis is to proceed forward from infection with syphilis instead of backward from the death certificate. Until recently no one knew, even approximately, what proportion of cases of syphilis terminated in general paralysis. Many estimates have been made, most of them upon very slender evidence, but the first extensive study was that made in 1912 by Pilcz and Mattauschek. They examined the records of 4134 officers of the Austrian army who had contracted syphilis between 1880 and 1890, and they ascertained that about $4^{6}/_{10}$ per cent. had developed general paralysis by 1912. If this proportion exists in other groups of population, and if we had reliable infor-

mation as to the number of persons with syphilis in the community, it would be possible to predict with some degree of accuracy the number of cases of general paralysis which will occur annually. Unfortunately, neither of these assumptions is correct. We know that many conditions of race, personal susceptibility, possibly heredity and other factors have marked influence in determining whether syphilis invades the central nervous system or not and, if it does, in what form its manifestations will appear. Estimates of the number of cases of syphilis existing in the community vary so enormously that it is apparent that they are mere guesses. Therefore, we must abandon this approach to our problem.

A more practical plan is to attempt to discover the number of paretics in groups of dependent people in such institutions as almshouses, workhouses and hospitals for the treatment of chronic diseases. Here it is possible to obtain some interesting evidence, although very little careful study has been made of such conditions. Dr. A. J. Rosanoff once examined the necropsy records in a large general hospital, and, although I do not know of any formal paper in which he has made his results known, he has told me that he found not a few cases in which the anatomical findings left no doubt that general paralysis existed while this had not been suspected during life, and, in some cases, it was not assigned as the cause of death even after the anatomical findings were made. It is a matter of common knowledge that a number of paretics of a simple dementing type are to be found in our almshouses and workhouses. I have often seen them in inspections of almshouses. They are often unrecognized in general hospitals. During four years 11 cases of general paralysis were admitted to the United States Marine Hospital at Boston among about 3000 sailors admitted for all causes. Only five of these cases, as far as I have been able to learn, have been committed to institutions for the insane. The others died in the hospital or remained under treatment in the general wards, occasioning little more trouble than other chronic cases. It would be a most interesting experiment to have a census of the paretics in the almshouses and county hospitals of New York made by a competent psychiatrist. Such a study would only require about six months, and would cost only a few thousand dollars.

It seems strange that so little has been done in this field, but I think it is due principally to the fact that the psychiatric interest in general paralysis has overshadowed all others. I believe that much can be expected from a general awakening to its public-health aspects. Until such investigations as these have been made we must give up the attempt to estimate the number of cases of unrecognized general paralysis and return to the consideration of known cases.

With the information in our possession at the present time we are able to state that not fewer than 1000 persons in whom gen-

eral paralysis is recognized die in New York State every year. Let us compare this with the lives lost from some other important preventable diseases. It means that *one in nine* of the 6909 men who died between the ages of 40 and 60 in New York last year died from recognized general paralysis, and that *one in thirty* of the 5299 women who died in the same age-period died from general paralysis.

The number of deaths from general paralysis in New York State last year about equaled the number of deaths from typhoid fever. The following table gives the number of deaths due to the 10 most important specific infectious diseases. Of course, deaths in measles, typhoid fever and scarlet fever will be found also under the names of some of the complications of these diseases, but it should be remembered that these primary diseases are not invariably fatal as general paralysis is. Many of the patients with measles who died from broncho-pneumonia would have recovered but for this complication, while the paretics with broncho-pneumonia would have died even if this complication had not arisen. No attempt is being made to compare the prevalence of general paralysis with that of other diseases—we are trying only to estimate its share in the mortality.

1.	Tuberculosis (all forms)	16,133
2.	Pneumonia	9,302
3.	Broncho-pneumonia	7,217
4.	Diphtheria and croup	1,854
5.	Influenza	1,381
6.	Measles	1,071
7.	Typhoid fever	1,018
	General Paralysis—Recognized	1,000
8.	Scarlet fever	837
9.	Whooping-cough	818
10.	Syphilis	782

It may be interesting to compare the number of deaths from these causes with the number from some other causes which exact a heavy toll of human life. All forms of meningitis were responsible for 842 deaths, cancer of the breast for 809, and the total number of deaths due to injury by vehicles was 478. We hear a great deal about the appalling number of homicides in this country. There were 459 deaths from this cause in 1913, less than one-half the number due to general paralysis. Locomotor ataxia is of particular interest to us in this connection. There were 238 deaths from this cause. As the duration of this disease is about five times that of general paralysis, there must be about the same number of persons with each of these diseases living at the same time in the community.

Thus we have seen that general paralysis constitutes a public-health problem of the first magnitude. What can be done to control it? The relation of general paralysis to syphilis needs no

discussion in this connection, and so we can turn to a very brief consideration of the means at our command for doing the only two things which can lessen the number of cases of general paralysis. The first of these is preventing well persons from being infected with syphilis; the second is preventing syphilitics from having general paralysis.

The first problem belongs to venereal prophylaxis, a field of preventive medicine in which a few definite lines of attack have been established, and in which many agencies are at work. Theoretically, this is as hopeful a field as any in the prevention of disease. Practically it presents apparently insurmountable difficulties. The prevalence of syphilis depends upon prostitution more than upon any other cause, and this great problem is so woven into every phase of civilized life that one wonders if it is within the power of the race to cope with it. If the prevention of syphilis is not an encouraging field for sanitation, recent work in the army and navy has shown us that it is a most promising one for hygiene. The success of personal prophylaxis is the bright spot in an otherwise gloomy picture.

The most interesting contribution which we have to make from psychiatry is information regarding the amazing prevalence of a result of venereal disease which has thus far escaped adequate attention, even on the part of those especially interested in venereal prophylaxis. This may not be the most important contribution, however, for the impression is gaining ground that the facts which psychiatry is gleaning regarding the springs of human conduct may serve the high purpose of enabling us to deal better with the problems of personal life. The deeply-rooted institution of prostitution depends for its continued existence most upon our failure to meet sexual questions frankly and courageously. Perhaps when certain mechanisms which clinical studies in psychiatry are defining are fully understood, clearer vision and the liberation of powerful new resources may enable mankind to deal with prostitution as it is dealing with religious intolerance, political inequality and some of the diseases which menace human life and happiness.

Preventing persons with syphilis from developing general paralysis belongs partly to our own work. It is possible that moderation in the use of alcohol, avoidance of mental stress and attention to many factors in personal hygiene may help in preventing a person who has syphilis from having general paralysis. We do not know. There is urgent need for research in these matters. Our textbooks are filled with ancient references, most of which have never been sufficiently verified or scientifically studied. Whatever information future studies may give us regarding the exact influence of such factors, it can be said at the present time that early, continued and effective treatment of syphilis constitutes the only means of prevention which it plainly indicated. Fournier tells us that only 5 per cent. of paretics have gone

through an adequate course of treatment for syphilis. On the other hand, we are told of many instances in which general paralysis has followed the most efficient and intensive treatment. All references to this subject in the literature relate to events which happened before salvarsan had been added to our resources in the treatment of syphilis. The period which has elapsed between the general introduction of this remedy and the present time is shorter than the average period between infection with syphilis and the development of general paralysis. We are able now to judge of the efficiency of treatment by serological findings. With such resources at our command, we should be trifling with prevention in general paralysis if we failed to enter upon a vigorous campaign for treatment of all cases of syphilis.

The first step in such a program is to greatly extend our means of detecting syphilis. A "Wasserman survey" is planned for a large group of applicants for enlistment in the United States Army. We should make such a survey at once in the groups of the civil population which receive public support. It is absurd to record cranial measurements of men and boys in our prisons and reformatories and not ascertain by this simple means whether or not they have syphilis. Children should not be "placed out" until a negative Wasserman test has been obtained. The Health Department of New York City now furnishes outfits for collecting blood, and performs the test free. The State Department of Health should make this means of diagnosis available in every hamlet.

These are matters in which we are interested only as physicians and good citizens. There are, however, persons in the community with whom members of this association have especial contact. These are the relatives of the paretics in our public institutions. In at least three State hospitals the practice has been adopted of sending for the wives or husbands and children of patients with general paralysis, explaining the nature of the disease to them and having Wasserman tests performed without cost. The result has been the detection of a striking number of cases of syphilis. The superintendent of one hospital has made arrangements with a general hospital in the city so that such patients can be immediately treated. The practically unanimous willingness of the relatives of patients to have this test performed is not surprising, because it is a common occurrence when a person dies from tuberculosis for the relatives, although in perfect health, to request to have tests made to determine if they, too, are afflicted with the disease.

The chief obstacle to the treatment of known cases of syphilis is its cost. I know from personal observation that cases with contagious lesions of syphilis are turned away from one of the largest public hospitals in New York city if they are unable to pay for the treatment. In many other hospitals a single injection of salvarsan will be given free but the treatment discontinued

if patients are unable to pay. It is difficult to conceive of a more short-sighted policy than this. One man in nine who die between the ages of 40 and 60 dies from general paralysis, and yet the only means we have of preventing a person with syphilis from having this disease is deliberately withheld! The health authorities would permit no other communicable disease to be dealt with in this way. It seems that if the prevalence of such a frequent and fatal termination of syphilis as general paralysis were made generally known, a most important step would be taken toward changing this practice. I believe, however, that the only way in which we will be able to deal effectively with the problem of syphilis is to place it wholly in the hands of public health officials. I believe that the health departments of cities should take up this matter vigorously and require general hospitals to report all cases of syphilis applying for treatment, together with information as to whether the treatment was given or refused. Providing hospital accommodations for indigent cases of syphilis, at least during the period of active treatment with salvarsan, is as distinct a duty of the Health Department as it is to provide for cases of tuberculosis who are cared for under surroundings which tend to extend the infection to others.

The problem of general paralysis has been considered from the point of view of preventive medicine. I believe no more effectual way exists of dealing with it and the disease upon which it depends than to awaken the health officials of our cities and States to a responsibility which they have long neglected. You may search the publications of American State and city departments of health in vain for any reference to the importance of general paralysis or to its relation to syphilis. You will find dissertations upon pellagra (which caused no deaths in New York State during 1913) and upon leprosy (which caused one death). You will find pages devoted to smallpox (which caused one death), and you will find references to the latest work in tropical diseases, but you will find nothing about the great enemy to human life which we have been considering. Is it not time for psychiatrists to bring this important public health problem to the attention of public health officials?

ACETIC TINCTURE GENTIAN COMPOUND, A TRUE BITTER TONIC.*

By Albert N. Doerschuk,
President Kansas City Drug Club.

The specimen presented herewith is an acetic tincture of gentian compound, of the U. S. P. drug strength, which has stood for over a year with no precipitation, and has the following proportion in each 100 parts: Gentian root, 10 parts; recent bitter orange peel

*Presented before Kansas City Drug Club.

to the equivalent of 4 parts of the dried peel; cardamon 1 part, as extractive carried in 6 per cent. acetic acid, with water sufficient to make 100 parts (no alcohol present), as against the official U. S. P. tincture of the same drug strength in 3 parts of alcohol to 2 of water. Here is also small quantity of the official hydro-alcoholic tincture, containing about 19 fluid ounces of alcohol to each quart. A tablespoonful of this three times a day is equivalent to giving a patient an average bar drink of whiskey three times a day as to alcoholic strength. The acetic acid present in the acetic tinctures is equivalent to the strength of the U. S. P. dilute acetic acid.

Acetic acid was slow to be recognized as a solvent for the active principles of organic drugs, but now the official fluid extracts of sanguinaria, squills and lobelia are entirely made with acetic-acid dilutions, and contain no alcohol, while nux vomica, ergot and conium are extracted with a hydro-acetic-alcoholic menstrum.

What appeals for favor in the acetic tincture of gentian compounds is its full, mellow and completely true aroma, and its distinctive bitter tonic taste, bringing out the marked characteristic of each drug and showing the root fully represented, much, no doubt, as in an extract of the freshly-found specimen, as against the alcoholic smell and burned taste of the official tincture. The glucoside, pectin and gentianose contained in the fresh root undergo oxidation in the presence of alcohol, and the aged alcoholic tincture is practically inert and worthless.

Acetic acid in itself has a marked food value, and is a refrigerant tonic promoting excretions. In this combination it has only a mild acid reaction, and develops no acetic ether. For all practical purposes, the acid used in manufacture is neutralized in the organic bases with which it combines in these drugs, and this tincture contains, in the form of acetates, the valuable organic salts of calcium, potassium, sodium, iron, etc., which are mostly left behind in the process for the alcoholic tincture. The acetic tincture must be considered as a completely available organic compound, with all the virtues of a mealtime cocktail, while the alcohol in the official preparation is held to be a necessary evil.

The alcohol habit is known to be the most pernicious form of spirituous intoxication, and commercial alcohol is known to be made from the coarsest and cheapest products that will ferment, and often from waste materials. Commercial alcohol is presumably 92.3 per cent. by weight of ethyl alcohol, and the other 7.7 per cent. are colorless by-products of the fermenting process—Who shall say of what usual composition? In prolonged internal medication with liquid organic drugs as usually constituted, a feature too often overlooked is the constant alcoholic stimulation experienced by the patient, with its accompanying reactions, and the effects of these by-products. Tincture gentian compound is thus often excluded in cases of stomach derangement where the drugs represented would be of the greatest benfit, but are forbidden by the alcohol carried.

This acetic tincture gentian compound recommends itself for continued use in large doses, and combines nicely in mixtures with other drugs. Gentian is an invaluable drug fallen largely into disuse because it has been abandoned in general practice. Acetic acid is now produced in a high state of purity at a nominal cost, and it is to be hoped that its medicinal and solvent virtues will become better known, and will bring acetic tinctures and extracts into general use.

Below is the formula for acetic tincture gentian compound:

Gentian root, in fine powder, 5 troy ounces.

Bitter orange peel, from the fresh fruit, in thin shavings and narrow shreds, cut with a bright knife, 5 troy ounces.

(This is equivalent to 2 troy ounces of dried peel.)

Cardamon seed, recently powdered, ½ troy ounce.

Ten per cent. acetic acid in distilled water, 50 fluid ounces.

Place all of above in a bottle, macerate for seven days in a warm place, with frequent shaking; express, avoiding contact with metal; wash the residue with 6 per cent. acetic acid sufficient to make the finished quantity measure 50 fluid ounces. Filter through coarsely-powdered charcoal previously well washed with dilute acetic acid. The 10 per cent. acetic acid originally added is neutralized to the extent of about 4 per cent., so that the finished product contains around 6 per cent. acetic acid.

Book Reviews.

AMBIDEXTERITY AND MENTAL CULTURE. By H. MacNaughton-Jones, M.D., M.Ch., Q.U.I., M.A.O.R.U.I. (Hon. Can.), F.R.C.S.I. and Ed., Ex-University Professor, Queen's University, Ireland; Honorary Member of the Societies of Obstetrics and Gynecology, Leipzig, Munich and Rome; Ex-President of the Obstetric and Gynecological Section of the Royal Society of Medicine, the British Gynecological Society and the Irish Medical Schools and Graduates' Association. New York: Rebman Company. 1914. Cloth, 75 cents net.

This brochure of a hundred pages is devoted to the desirability of ambidexterity. The author urges the efficient use of both hands not only from the utilitarian standpoint, but also the cultural. He claims that a mass of evidence has been collected, which proves that the cultivation of ambidextrous exercises, both in art and writing, has a decided influence on the mind of the growing child, and that such psychophysical effort has a direct bearing on the child's character. At any rate, we are all prepared to admit that the free use of the left hand is an excellent mental training. Besides, no one is prepared to say at what time, through accident or disease, it may be necessary to depend upon the left hand. The arguments adduced by the author advocating the teaching of ambidexterity are sound and logical, and the lesson which he

wishes to impart timely. We wish that the book could be placed in the hands of all those having to do with the training of youth.

ON DREAMS. By Professor Dr. Sigm. Freud. Only Authorized English Translation. By M. D. Eder, from the Second German Edition. With an Introduction by W. Leslie Mackenzie, M.A., M.D., LL.D., Medical Member of the Local Government Board for Scotland; late Ferguson Scholar in Philosophy; late Examiner in Mental Philosophy, University of Aberdeen. New York: Rebman Company. 1914. Cloth, $1 net.

From dreams to mental morbidity is only a short step. It was Freud who first recognized similarity of dreams to mental disease. He found manifold analogies of dream life with the most diverse conditions of psychical disease in the waking state. It seemed, therefore, a priori, hopeful to apply to the interpretation of dreams methods of investigation which had been tested in psychopathological processes. Obsessions and those peculiar sensations of haunting dread remain as strange to normal consciousness as do dreams to our waking consciousness, their origin is as unknown to consciousness as is that of dreams. Experience has shown that a cure and a consequent mastery of the obsessing ideas did result when once those thoughts, the connecting links between the morbid ideas and the rest of the psychical content, were revealed, which were heretofore veiled from consciousness. This book is a translation of Freud's latest contributions to the study of the unconscious state. Freud maintains that there is a tendency in the mind to suppress every experience that is associated with painful emotion. At any rate, by some process the painful experience disappears from conscious memory, but it does not cease to exist. It may lie dormant or it may work subconsciously and throw up the emotional bubbles that continue, without a known reason, to excite the ordinary consciousness. Though deep and partly dormant, it never gets beyond reach. By concentration, by the following up of all clues offered by the ideas wrenched unwillingly out of the victim, the submerged complex, element by element can be brought back. This is then the method of psychoanalysis. It has been employed successfully in such varied conditions as hysteria, obsession, etc. Here we pass insensibly into the world of dreams. The morbid and the normal interweave. It is with dreams that the present volume is concerned; the interpretation of those awakened dormant complexes called dreams by the method of psychoanalysis. He attempts to prove that dreams are not a chaotic sport of the brain, but a manifestation of ordered mental experience. He theorizes that dreams are largely the expression of unfulfilled desires. In children by Freud's method it is easily deciphered, as the waking and sleeping experience differ very little from each other, the dream taking the form of the ungratified desires of the day. In adult life dreams are not so simple. In many instances they are too intricate to be deciphered

from direct memory. It is here that psychoanalysis comes into play. The part remembered gives the cue and the complex must be tracked back piecemeal by the remembered elements arriving up forgotten elements, thus bringing order out of chaos. According to Freud, this merely goes to prove that every dream is linked with some previous experience. Those interested in the study of neurology, especially the various psychoses, will find much of interest in this little book. Freud may not be entirely right in his deductions, according to the estimation of some. At any rate there is a kernel of truth in his theory. Undoubtedly dreams are based on some actual experience, and the same statement applies to those delusions associated with the unbalanced mind. Though the book is out of the ordinary, it is written in such an elementary style that it can be read profitably not only by the profession, but also by the laity.

A Clinical Study of the Serous and Purulent Diseases of the Labyrinth. By Dr. Erich Ruttin, Privatdocent in the Otological Clinic, University of Vienna. With a Foreword by Professor Dr. Victor Urbantschitsch. Authorized Translation by Horace Newhart, A.B., M.D., Instructor in Otology, University of Minnesota; Otologist and Rhinologist, Northwestern Hospital; Fellow American Academy of Ophthalmology and Oto-Laryngology; Fellow American College of Surgeons, etc. With 25 Textual Figures. New York: Rebman & Co. 1914. Cloth, $2 net.

An intimate knowledge with diseases of the labyrinth is only a matter of the past few years. Indeed it can be truthfully said that a knowledge of the affections of this portion of the auditory apparatus is just beginning to be appreciated by the profession. Therefore those who are not familiar with the progress in the diagnosis and labyrinthine complications will find this book exceedingly helpful in recognizing and dealing with labyrinthine diseases. In its pages Dr. Ruttin presents a detailed description of the diseases of the labyrinth, in which the functional manifestations of the normal and diseased labyrinth, the different clinical aspects and the therapeutic considerations in each case are discussed.

Hospital of the Protestant Episcopal Church in Philadelphia. Medical and Surgical Reports of the Episcopal Hospital. Volume II. Edited by A. P. C. Ashhurst, M.D. 1914. Philadelphia: W. J. Dornan.

The 1914 volume opens with a short sketch of the Episcopal Hospital in 1888 and 1912, by E. J. Morris, M.D. Interspersed through the pages are a number of interesting papers and case reports by members of the staff.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

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BALTIMORE, NOVEMBER, 1914

THE TWENTY-FIFTH ANNIVERSARY OF THE JOHNS HOPKINS HOSPITAL.

THE twenty-fifth anniversary of the founding of the Johns Hopkins Hospital was celebrated with appropriate ceremonies during the week of October 5. Dinners, clinics and addresses by celebrated physicians and nurses were the order of the day; other important features of the celebration were the Herter series of lectures, delivered by Dr. Thomas Lewis of University College, London, and the unveiling of medallions to Dr. Heweston and to the deceased resident physicians of the hospital. Here in Baltimore it is hard to realize the great influence wielded by the Hopkins in medicine throughout the country and abroad. Almost every field of medicine has been invaded by an indefatigable corps of enthusiastic scientists and made to yield its hidden secrets. As important as these discoveries have been, by no means the least contribution in the order of importance is the example of a great hospital run along scientific lines by scientific men. Every case is thoroughly studied and made to yield its quota to the sum total of medical knowledge. The methods of going over a case and recording the findings have to a large extent been copied by the hospitals of this country. But hardly does its influence stop here, for Europe, Asia, Australasia, South America and Africa have drunk at this font, and with benefit. It is to the South, however, that the Hopkins has been of the greatest inspiration. For since the advent of the Hopkins Southern medi-

cine has, so to speak, been rejuvenated until today it stands in the forefront of the times. This happy event has been accomplished by the example furnished by that industrious coterie of scientists working day in and day out purely for the love of science and the advancement of modern medicine to greater heights of usefulness. Every graduate of medicine in the South has consciously or unconsciously of necessity been influenced to greater efforts by this spirit and gone forth on his way with a determination to better prepare himself in his life-work, so that he not only will be abreast of his competitors, but also from professional pride. Though the medical school is not so old as the hospital, still they are so intimately connected that one can hardly be dissociated from the other. The two boards work hand in hand. From the very beginning they recognized the need of thoroughly educated men in medicine and insisted upon nothing less than a bachelor's degree as a prerequisite to the entrance upon the study of medicine. This was indeed an innovation in medicine, and the results have justified the opinion of the advocates. A new standard was thereby created, which today is being emulated by numerous institutions.

It has caused a quickening in medical education everywhere, and those institutions which have found it impossible to demand the same have at any rate advanced the entrance requirements to their schools. During the past twenty-five years there have been marvelous changes in medical education throughout the United States, and we in Baltimore can pride ourselves in the knowledge that the Johns Hopkins was the pioneer in this beneficent work. No longer is it possible for the ignorant and uneducated man to enter upon the study of medicine; no longer does any institution indulge haphazard methods. It is therefore fitting that the profession of Maryland, and especially of Baltimore, should congratulate the Hopkins upon the completion of its silver jubilee. As the mouthpiece of the Southern doctors, the Maryland Medical Journal extends to the Hopkins their felicitation upon the completion of twenty-five years of service to mankind.

Medical Items.

Dr. and Mrs. Thomas S. Cullen, who have been spending the summer at their camp on Lake Ahmic, Canada, have returned and opened their new home, 20 East Eager street.

Miss Amy MacMahon of Toronto, formerly of Johns Hopkins Hospital, has been appointed superintendent of the Canadian War Contingent Association Hospital arrangements. She is now at Shorncliffe, England, to organize the hospital there.

The annual convention of the American Association for Clinical Research will be held in Baltimore on November 5, 6 and 7. Physicians from all parts of the country will come to be present at the sessions, and arrangements are being made for the reception of more than 100 delegates.

There will be clinics at several Baltimore hospitals and the convention will close with a banquet and dance.

Dr. Leonard K. Hirshberg of this city was elected president of the organization at the last convention, held in Buffalo.

Dr. John N. MacKenzie has returned to his city home, 605 North Charles street.

Dr. and Mrs. J. Williams Lord have closed their home on the Severn River and have opened their city residence at 1011 North Charles street.

Dr. Theodore C. Janeway, successor to Dr. Lewellys F. Barker as head of the medical department at Johns Hopkins Medical School, assumed his duties on October 6, when the medical school opened for the year.

Dr. Janeway was formerly bard professor of medicine in Columbia University and director of the medical department of the Presbyterian Hospital, New York. He is a member of the board of scientific directors of the Rockefeller Institute for Medical Research and belongs to many medical organizations.

The Maryland Psychiatric Society and the Washington Society of Nervous and Mental Diseases held a joint meeting October 2 at Chestnut Lodge Sanitarium, Rockville. The program was most interesting and included a general discussion of paresis and tabes, opened by Dr. Sydney R. Miller, Baltimore, of the Phipps Psychiatric Clinic, followed by Drs. William Hough and William A. White of the Government Hospital, Washington; Dr. Adolph Meyer of the Phipps Clinic and Dr. Tom A. Williams of Washington. Dr. Ernest L. Bullard presided and Dr. William Rush Dunton, Jr., and Dr. John J. Madigan were secretaries, respectively, of the Maryland and Washington societies.

The Pine Bluff Sanatorium, located about two miles west of Salisbury, held its formal opening October 15. The institution is a State affair, under the supervision of a State commission, and is unique from the fact that it accepts patients only in their advanced and chronic stages of tuberculosis.

The committee on entertainment met the 100 or more visiting doctors and others in automobiles and took them to the institution, where Supt. Dr. George W. Todd and Head Nurse Mrs. Daisy C. Dorsey escorted the visitors through the buildings and over the 20 acres of ground situated on a high bluff overlooking the Wicomico River.

Special note was made by the visitors of the open-air treatment, which is given the patients in single apartments located on the grounds. Other special features were demonstrated by the superintendent.

A luncheon was served by the sunshine committee of Salisbury, under the supervision of Miss Louise Tilghman, its president.

The institution can accommodate at the present time about 40 patients, but are preparing within the next year to double that number. Dr. George W. Todd stated that any person in Maryland suffering with advanced or chronic tubercular trouble and without funds will be admitted to the institution upon the certification of a reliable physician.

The doctors present were: George W. Todd, Charles Laws, Berlin; R. E. Hall, Pocomoke City; J. McFadden Dick, John Elderdice, S. N. Pilchard, Harry C. Tull, H. W. Nickelson and D. B. Potter of Salisbury; A. A. Parker of Pocomoke City, Ebe Holland of Whaleyville, Wisehart of Snow Hill, Charles A. Holland, Whaleyville; James Bradshaw and Lynch of Delmar, Del.

Dr. J. H. Branham has retired from the office of second vice-president of the American Association of Obstetricians and Gynecologists.

The twenty-fifth anniversary of Johns Hopkins Hospital opened with a meeting at the Lyric on October 5. During the celebration an inspection of the Brady Urological Clinic, of which Dr. Hugh H. Young is director, was made. The clinic is the only one of its kind in this country and is a gift of Mr. James Buchanan Brady of New York. A portrait, by Sargeant, of Sir William Osler was pre-

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sented, and tablets to Dr. Daniel C. Gilman, president of the university and organizer of the hospital, and Dr. John Hewetson were dedicated.

The home of Dr. Frederick H. Baetjer, Ingleside avenue near Edmondson avenue, Catonsville, was partially destroyed by fire on October 5. The loss, amounting to about $2000, was covered by insurance.

Dr. and Mrs. Baetjer went abroad last spring to study the hospital systems in different countries. When war was declared between Austria and Servia they were in Vienna. On August 29 they sailed from Naples, Italy, for home, and arrived in this country in September.

Sir William Osler, formerly dean of the Medical School of Johns Hopkins Hospital, Baltimore, and now Regius Professor of Medicine at Oxford University, has been appointed a colonel in the medical corps of the British army, and has been placed in charge of the hospital service at the front.

BIRTHS.

Recently to Leo J. Goldbach, M.D., University of Maryland Medical School, '05, and Mrs. Goldbach, of 2217 East Pratt street, Baltimore, a daughter—Julia Gertrude.

MARRIAGES.

Arthur J. Davies, M.D., Atlantic Medical College, Baltimore, '10, to Miss Hilda De Vries, both of Baltimore, Md., at Baltimore, September 22, 1914.

Walter Dent Wise, M.D., College of Physicians and Surgeons, '06, to Miss Agnes Gordon Whiting, both of Baltimore, at Baltimore, October 20, 1914. . After a Southern wedding trip, Dr. and Mrs. Wise will occupy an apartment at the Walbert for the winter. Dr. Wise is assistant professor of surgery at the College of Physicians and Surgeons.

Firmadge King Nichols, M.D., Johns Hopkins Medical School, '10, to Miss Helen Marienne Spangler, both of Baltimore, Md., at Baltimore, October 24, 1914.

Howard E. Harman, M.D., College of Physicians and Surgeons, '11, of Leetonia, Ohio, to Miss Grace F. Burger of Baltimore, Md., at Baltimore, October 7, 1914. Dr. and Mrs. Harman will reside in Leetonia, where the groom is practicing.

Lawrence Tyler Post, M.D., Johns Hopkins Medical School, '13, of Baltimore, Md., to Miss Helen Sharp of Cranford, N. J., at Cranford, September 7, 1914. Dr. Post is an interne at the Johns Hopkins Hospital.

DEATHS.

George B. Reynolds, M.D., Washington University School of Medicine, Baltimore, '72, of 809 North Charles street, died suddenly of heart failure at the University Club, this city, October 2, 1914, aged 68 years.

Christopher F. Newbill, M.D., Physicians and Surgeons, '75, of Tappahannock, Va., died suddenly, while out for a drive, of heart trouble, September 26, 1914, aged 63 years. Dr. Newbill was one of the most prominent physicians of Norfolk for many years and health officer of that city.

Joseph E. Beatty, M.D., University of Maryland Medical School, '61, of Loch Raven, Md., died at a sanatorium outside of Baltimore, October 13, 1914, aged 75 years. Dr. Beatty was a regimental surgeon in the Civil War.

Shannon P. Peck, M.D., College of Physicians and Surgeons, '77, of Hinton, W. Va., a member of the West Virginia State Medical Association, died suddenly September 16, 1914, while driving with a friend in a motor car.

Wilber Gray Smith, M.D., University of Maryland Medical School, '80, died at his home in Oakland, Cal., August 6, 1914, aged 55 years.

John Franklin Mackley, M.D., College of Physicians and Surgeons, '82, of Fairfield, Pa., died at his home September 16, 1914, from heart disease, aged 59 years.

Robert W. Eanes, M.D., Washington University School of Medicine, '70, a Confederate veteran, died at his home in Eanes Cross Roads, Va., September 19, 1914, from nephritis, aged 68 years.

Leigh Seward Krake, M.D., Johns Hopkins Medical School, '14, of Plainview, Neb., died in the Johns Hopkins Hospital, July 9, 1914, from gangrene of the lung, aged 28 years.

Edwin Kindle Williams, M.D., College of Physicians and Surgeons, '83, of Arkadelphia, Ark., died at his home September 11, 1914, from pneumonia, aged 50 years.

Thomas Opie, M.D., University of Pennsylvania, '61, formerly of Martinsburg, W. Va., one of the founders of the College of Physicians and Surgeons, and for 33 years dean of that institution, died at the home of his daughter in Washington, D. C., October 4, 1914, aged 66 years.

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Abstracts.

ABSTRACT OF PAPER READ RECENTLY AT THE MINNEAPOLIS MEETING OF THE AMERICAN MEDICAL ASSOCIATION ON "THE RESULTS OF TONSILLECTOMY UNDER LOCAL ANESTHESIA."

By Bryan DeForest Sheedy, M.D.,
New York.

All of the one hundred cases reported upon by the reader of the paper were examined several months after operation and no patient under fourteen years of age was operated upon under local anesthesia. There was no grouping of the patients examined as to whether the throat conditions were the result of operation under local or general anesthesia. The enucleation of the tonsils had been performed by some one of the many methods in vogue for the last few years for the complete removal of the gland, and as the operations were performed in practically all the public institutions in New York City, many men of prominence in laryngology were the operators, so that the results could not be attributed to poor technique on the part of one man.

The writer arrived at the conclusion that tonsillectomy, so far as removing pathological tonsils is concerned, is a better operation than the old-time tonsillatomy, but pointed out that many of the throat defects following the operation of enucleation are due to clumsy and non-surgical technique.

The writer also pointed out the normal relation of the surrounding parts to the tonsil and put up a strong argument against the use of sharp instruments for the dissection of the tonsil from its bed, that being the cause of injury to the muscles with resulting deformities.

Of the one hundred cases examined months after operation, more than 80 per cent. of the patients had deformed throat. The 20 per cent. of patients with what appeared to be normal throats following the operation were inconvenienced in no way at any time following the operation. Of the 80 patients, 34 complained of speech defects from one to three weeks after operation, 16 complained of speech defects for more than three months after operation, while 4 had practically lost the singing voice. About 25 per cent. of the patients stated that their throats felt better and that they could speak and sing better after operation than before. Inability to use certain words had continued with 5 per cent. of the patients for more than six months after operation.

The variety of deformities following enucleation were classified as follows:

(1) The pillars on both sides had disappeared with the soft palate tightened to such an extent that the opening at the nasopharynx was narrowed.

(2) The pillars on both sides had grown together.

(3) The anterior pillar had wholly disappeared with a large amount of cicatricial tissue deposited on the posterior pillar.

In the four patients whose singing voice had been seriously affected the posterior pillar had disappeared through amalgamation with the anterior or with the lateral wall of the pharynx.

The reader emphasized the fact that he did not think the last word had been said in regard to tonsil enucleation and proposed

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as a remedy for preventing the unsatisfactory throat results an operation for removing the tonsil by what he called the "Eversion Method," and with charts and diagrams pointed out that the capsule of the tonsil is simply a bag, the bottom of which may be pulled through its mouth so that its inner surface becomes the outer, and that if the capsule with its glandular tissue is everted and a snare placed on, removing the tonsil with its capsule complete (there being no dissection and therefore no injury to the muscles surrounding) there would be no deformities.

The exceptions to the rule presented, viz., that the tonsil will evert on traction, were:

(1) Those cases in which the capsule was bound down to the surrounding tissues by previous attacks of inflammation.

(2) Those cases where the capsule was very much contracted and contained cicatricial tissue only.

(3) Those cases of hypertrophied tonsils which had everted themselves and the tonsil was found everted when the patient applied for treatment.

The points advanced in favor of the procedure were:

(1) Simplicity of the operation.

(2) Practically no hemorrhage.

(3) Little or no deformity following the procedure.

(4) Only three instruments necessary for the operation—Tonsil tenaculum, blunt-pointed tonsil knife, Tyding snare.

Editorial Comment.

THE WAR AND MEDICINE.

The Medical Times.

Medical men naturally look to a great trying out in the European war of the medical departments of the armies engaged. The management of wounds and diseases incidental to military campaigns and the results thereof will be studied with the greatest interest. We rather look for unprecedented success, in view of the high character of attainment represented in the medical personnel of the armies of Germany, France and England. This, of course, aside from the terrific mortality to be expected from the inevitable butchery of the titanic contest itself. The Russian Red cross is a splendidly organized force, with vast resources, both financial and institutional. One municipality alone (Moscow) voted it $5,000,000 on August 1. The Austrian and Japanese Red Cross services are strong.

What will be some of the effects of this war on medicine itself and the medical profession? Our therapeutics will undergo certain necessary modifications which may involve more than temporary effects upon practice, because of the cost of some drugs and the withdrawal of others. An impetus should be felt in the manufacturing line as regards surgical and optical instruments, and the home production of certain drugs like digitalis ought to be increased. Post-graduate study in America may be established as a steady habit. One way to develop this trend would be to make it less expensive and more efficient. The times are ripe for this, for we have long been threatening to compete more than successfully with Europe in this field, and would probably have

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forged ahead even if there had been no European war. The medical press of America finds itself called upon to carry on the torch of knowledge, for the European journals, for obvious reasons aside from the scarcity of paper, are printing very thin editions. During and after the war great medical congresses will find in America the most feasible points for meeting. The terrific economic losses of the war will stay medical progress abroad for years to come. The financial resources of science are in process of dissipation. Research will be greatly hampered both for this reason and because of the loss in battle of the flower of Europe's laboratories, now fighting as reservists and volunteers. Military hygiene will take a forward step, but the progress that goes with peace will be stayed. It is possible that surgery will be improved in certain ways, for, as the *Medical Record* points out, it was upon the battlefield that Ambroise Paré demonstrated the superiority of the ligature to the cautery.

Upon the United States devolve now the great tasks and the great opportunities of medical science and art, and we should forge far ahead in the days to come. The ravages of the war will be far offset if we find it possible to lay against them some great achievement. The conquest of cancer would be a greater victory than any that may come to the embattled forces in the cockpit of Europe, so far greater with respect to lives and moral value that the mind is awed by the comparison. Our functions, responsibilities and obligations in the premises are great and sacred.

DRUGS AND THE WAR.

The Medical Times.

The drug trade will suffer perhaps more than any other as a result of the European war. Drugs chiefly affected in price so far are quinine, cod liver oil, hyoscyamus, salvarsan, morphine, opium, aconite, essential oils, ergot, phenol, glycerin, digitalis, buchu, physostigmin, camphor, pilocarpin, senna, rhubarb, cantharides, atropin, homatropin, asafetida, aloes, tartaric acid, strychnin, cocain, novocain and the other local anesthetics, formaldehyd, caffein, theobromin, bichloride of mercury and the synthetic drugs. The United States is a small drug producer, hence is bound to suffer because of the interruption of trade caused by the war. The increased demand abroad for chloroform and ether will affect the prices of these drugs also. The war ought certainly to result in a tremendous stimulation to domestic drug production. A country which is so great a user of drugs ought not to depend to the extent it does upon foreign producers. While it is true that we are absolutely dependent upon Europe for certain drugs, this cannot be affirmed of all that we import. And probably for our absolute dependence in the case of some drugs it would be possible to substitute relative independence. As regards cinchona, why should we not transfer our trade directly to South America, instead of dealing with London and Amsterdam? There is enough digitalis growing wild in Oregon and Washington to supply the world.

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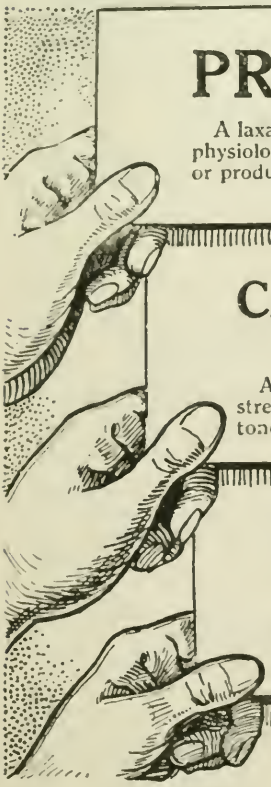

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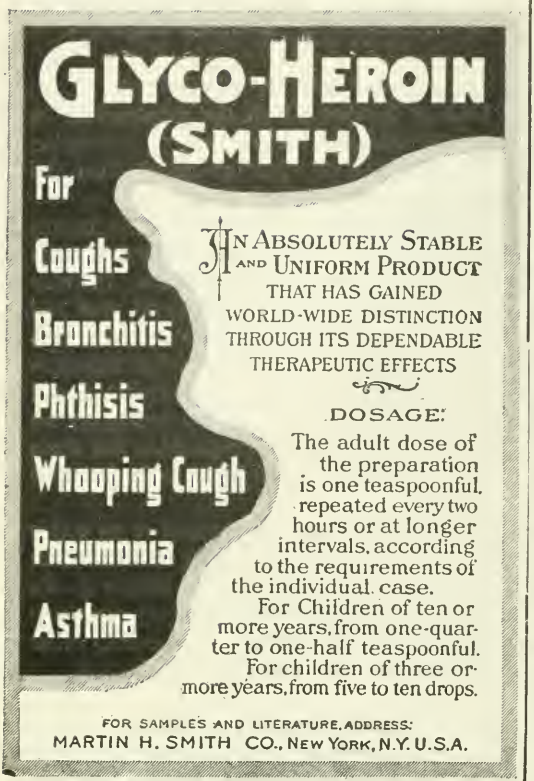
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